IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

05/11-06

Applicant:

H. Michael SHEPARD

Title:

METHODS TO TREAT **AUTOIMMUNE AND** INFLAMMATORY CONDITIONS

Appl. No.:

10/051,320

Appl. Filing Date:

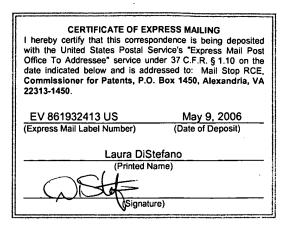
1/18/2002

Examiner:

Kim, Jennifer M.

Art Unit:

1617



REQUEST FOR CONTINUED EXAMINATION (RCE) **TRANSMITTAL**

Mail Stop RCE **Commissioner for Patents** P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. This RCE and the enclosed items listed below are being filed prior to the earliest of: (1) payment of the issue fee (unless a petition under 37 C.F.R. § 1.313 is granted); (2) abandonment of the application; or (3) the filing of a notice of appeal to the U.S. Court of Appeals for the Federal Circuit under 35 U.S.C. §141, or the commencement of a civil action under 35 U.S.C. §145 or §146 (unless the appeal or civil action is terminated).

1. Submission required under 37 C.F.R. §1.114: (check items that apply)

Enclosed are:

- Information Disclosure Statement.
- Form PTO-1449 with copies of 2 listed reference(s).

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The filing fee is calculated below:

			Previously		Extra Claims					Fee	
	Amended	d Paid For		Present			Rate		Totals		
RCE Fee 1.17(e):				-				\$790.00	=	\$790.00	
Total Claims:	18	-	22	=	0		X	\$50.00	=	\$0.00	
Independents	3	-	3	=	0		X	\$200.00	=	\$0.00	
First presentation of any Multiple Dependent Claims: + \$360.00 =									=	\$0.00	
					CL	AIMS I	EE	TOTAL:	=	\$790.00	
	-									•	
EXTENSION FEE TOTAL										\$0.00	
CLAIMS AND EXTENSION FEE TOTAL:										\$790.00	
[X]	Small Entity Fees Apply (subtract ½ of above):									\$395.00	
[]	[] Suspension of action requested under 37 C.F.R. § 1.103(c)									\$0.00	
TOTAL FEE:										\$395.00	

A check in the amount of \$395.00 to cover the filing fee is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date: May 9, 2006

FOLEY & LARDNER LLP Customer Number: 38706 Telephone: (650) 251-1129 Facsimile:

(650) 856-3710

Antoinette F. Konski Attorney for Applicant Registration No. 34,202